



Authorization Application for Disruption of a Solid Waste Disposal Area

Please complete this form in accordance with RCSA Section 22a-209-7(u) in order to ensure the proper handling of your application. Print or type unless otherwise noted.

DEP Use Only

Part I: Applicant Information

1. Applicant's Name and Contact Information:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

☐ Check if any co-applicants. If so, attach additional sheet(s) with the required information as supplied above.

2. List the owner of the site where the solid waste disposal area is located.

Owner:

Site Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

3. List the name and location of the permitted site/disposal facility retained to dispose of such waste.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

4. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the application or to assist in the disposal of the waste. Please enter a check mark if additional sheets are necessary, and label and attach them to this sheet. ☐

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Part II: Site Information

1. Location of the solid waste disposal area:
Street Address or Description of Location:
City/Town:
Assesor's Map No.: Block No.: Lot No.:
Latitude and Longitude of the approximate "center of the site" in degrees, minutes and seconds:
Latitude: Longitude:
Method of determination (check one):
☐ GPS ☐ USGS Map ☐ Other (specify):
2. Is the Solid Waste Disposal Area permitted? ☐ Yes ☐ No
If permitted, Permit Number: Year Issued:
3. Describe the solid waste disposal area: ☐ Active ☐ Inactive ☐ Closed
4. Ground water classification of the site:
5. Acreage of site:

Part III: Activity Information

1. Type of waste (e.g., municipal solid waste, bulky waste, construction and demolition, etc.) to be removed or disrupted:
2. Identify the quantity of waste (i.e., tons, cubic yards) to be removed or disrupted:
3. Provide a detailed description of the material to be removed or disrupted:
4. Has a waste characterization been conducted? ☐ Yes ☐ No
If yes, describe:
5. Depending on the extent of the disruption, you may be required to also obtain DEP authorization under the *General Permit for the Discharge of Stormwater and Dewatering Wastewaters from Construction Activities*. Information and registration forms for this general permit are available at the DEP website at www.dep.state.ct.us/pao/download.htm#WaterGP or by calling 860-424-3018.
Have you already obtained such authorization? ☐ Yes ☐ No
If yes, list registration number:

Part IV: Supporting Documents

Please enter a check mark by the attachments as verification that *all applicable* attachments have been submitted with this authorization application form.

- ☐ Detailed site map(s), *prepared by a professional engineer licensed by the State Of Connecticut*, at a scale of one inch equals one hundred feet depicting: topographic contours (i.e., existing and final grades); all existing and proposed test pit and/or boring locations; areal extent of the solid waste disposal area; type and location of existing and proposed sedimentation/erosion controls; existing and proposed locations of water quality monitoring locations (e.g., surface water, ground water); locations of on-site structures including buildings, roads, fences, etc. and any other pertinent information that provides an accurate depiction of the site and the immediate surroundings.
- ☐ A detailed report describing the measures that will be implemented during disruption activities to protect the public health and the environment, including the control of dust, odors, fires, vectors and blowing litter. The report should also include a proposed schedule for the completion of disruption activities and any other pertinent information that provides an accurate description of the site and the proposed disruption activities.
- ☐ Site Health and Safety Plan that complies with all applicable requirements of the Occupational Safety and Health Administration's (OSHA) 29 CFR Part 1910.120.

Part V: Application Certifications

The applicant(s) *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered insufficient unless *all* required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the Connecticut General Statutes, pursuant to Section 53a-157b of the Connecticut General Statutes, and in accordance with any other applicable statute.

I certify that this application is on complete and accurate forms as prescribed by the Commissioner without alteration of the text."

Signature of Applicant

Date

Name of Applicant (print or type)

Title (if applicable)

Signature of Preparer

Date

Name of Preparer (print or type)

Title (if applicable)

Please submit this form and any supporting documentation to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM ST
HARTFORD, CT 06106-5127